

## INITIAL RELATIVE SAFETY SCREEN

Michigan Department of Human Services

Relative Caregiver(s) Name		Relative Caregiver(s) Date of Birth
Relative Caregiver(s) Address		
Name of Child(ren) Placed in Relative Caregiver(s) Home:		Case Number(s)
Worker Name	DHS County or Child Placing Agency	

### Central Registry Check

Date of Central Registry Check: \_\_\_\_\_

- ☐ No adult in the home is listed as a perpetrator on central registry.
- ☐ The following adult(s) in the home is listed as the perpetrator on central registry **and placement cannot be made.**
- \_\_\_\_\_

### Criminal History Check\*

Date of criminal clearance: \_\_\_\_\_

- ☐ No adult in the home has a felony conviction for one of the following crimes:
- |  |  |
|--|--|
| 1. Child abuse/neglect                             | 4. A crime involving violence, including rape, sexual assault or homicide. |
| 2. Spousal abuse                                   | 5. A physical assault or battery within the last five years.               |
| 3. Crime against children (including pornography). | 6. A drug related offense within the last five years.                      |
- ☐ The following adult(s) in the home has a felony conviction for one of the offenses listed above or an adjudicated sex offender resides in the home and **placement cannot be made.**

**Name**

**Offense**

**Date of Conviction**

- ☐ The relative caregiver(s) or other adult in the home has a conviction that does not prohibit placement but requires further assessment.

**Name**

**Offense**

**Date of Conviction**

**Safety of Placement**

- |    | Yes                      | No                       |  |
|----|--------------------------|--------------------------|--|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | The relative agrees to complete the licensing process within 90 days of placement.   |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | The total number of children who will be living in the home is equal to or less than six.  |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Are there sufficient number of bedrooms for all children needing placement including children residing in the home?<br>(Children of the opposite sex ages 5 and older shall not share the same bedroom.) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | The relative has a legal source of income to meet the family's needs?  |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | The child(ren) has age appropriate supervision at all times even when the relative is absent from the home.  |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | The relative agrees to refrain from the use of corporal punishment to discipline any child in the home.  |

**If No is checked in any of the above boxes, placement is prohibited.**

- |     |                          |                          |  |
|-----|--------------------------|--------------------------|--|
| 7.  | <input type="checkbox"/> | <input type="checkbox"/> | Are all entrances/exits to and from the home unobstructed?   |
| 8.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the home able to meet the child's health care needs? (e.g., Child has allergies to smoke and the household is smoke free, etc.)   |
| 9.  | <input type="checkbox"/> | <input type="checkbox"/> | Is the home free from observable health/sanitation risks?  |
| 10. | <input type="checkbox"/> | <input type="checkbox"/> | Is the home free from observable safety hazards (e.g., Broken windows, exposed wires, etc.)?   |
| 11. | <input type="checkbox"/> | <input type="checkbox"/> | If applicable, are all weapons and ammunition locked up in a separate room and inaccessible to children?   |
| 12. | <input type="checkbox"/> | <input type="checkbox"/> | Are all cleaning supplies, medicines, and/or any other dangerous chemicals inaccessible?   |
| 13. | <input type="checkbox"/> | <input type="checkbox"/> | Is there an accessible working phone in the home?  |
| 14. | <input type="checkbox"/> | <input type="checkbox"/> | Are basic utilities (water, electricity, heating) in operating condition?  |
| 15. | <input type="checkbox"/> | <input type="checkbox"/> | Is the caregiver able to manage his/her own daily living activities, such as, preparing meals, housekeeping, shopping for groceries, bathing, etc.? Verify by asking if the caregiver receives home health services. (Home health services requires an individual to assist the caregiver with daily living activities.) |

**If No is checked in boxes 7-15, provide an explanation of the safety concern. Indicate if the relative is able and/or willing to resolve the safety concern within a reasonable period of time. If so, list the action to be taken and the anticipated date of completion. Placement cannot be made until the safety concern is resolved.**

Signature of Caseworker	Date	Signature of Supervisor	Date
Signature of DHS Purchase of Service Monitor (if applicable)			Date

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